

2018-2019 JCC AFTER SCHOOL PROGRAM MEDICAL EMERGENCY FORM

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	ENROLLMENT DATE:	SCHOOL:
ATTENDANCE						START DATE:	GRADE:

WHICH PARENT/ GUARDIAN SHALL WE CALL FIRST? _____

1) CHILD'S INFORMATION:

Child's Name _____ Sex _____ Age _____ Date of Birth _____
 Child's Address _____ City _____ State _____ Zip Code _____
 Child's Home Telephone # _____

2) CHILD'S INFORMATION:

Child's Name _____ Sex _____ Age _____ Date of Birth _____
 Child's Address _____ City _____ State _____ Zip Code _____
 Child's Home Telephone # _____

PARENT/GUARDIAN 1 INFORMATION:

Name (First & Last) _____ Email _____
 Home Address _____ City _____ State _____ Zip Code _____
 Home Telephone # _____ Cell Phone # _____
 Employer Name/Company _____ Telephone # _____
 Address _____ City _____ State _____ Zip Code _____

PARENT/GUARDIAN 2 INFORMATION:

Name (First & Last) _____ Email _____
 Home Address _____ City _____ State _____ Zip Code _____
 Home Telephone # _____ Cell Phone # _____
 Employer Name/ Company _____ Telephone # _____
 Address _____ City _____ State _____ Zip Code _____

HEALTH CARE

Child's Physician: _____ Phone # _____
 Physician's Address _____ Hospital Preference _____
 Child's Dentist: _____ Phone # _____
 Dentist's Address _____

*In the event I cannot be reached in an emergency, I hereby give my permission to the staff of the JCC AfterSchool Program to take any of the following steps on behalf of my child, as named above, should he/she require emergency medical attention:

1. For first aid to be administered to my child by trained staff.
2. For the JCC AfterSchool Program staff to contact my child's physician.
3. For my child to be transported to the hospital or the most available medical facility.
4. For my child to receive needed emergency medical treatment by the hospital emergency medical staff.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ADDITIONAL INFORMATION: Are there any special situations or allergies you would like us to be aware of in order to best accommodate your child (i.e.: medical, behavioral, developmental, social.)
